DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration **PCMH Project Overview Form**	FOR HRSA USE ONLY			
	Grant Number		Application Tracking Number	
	Total Federal Requested Amount:		Maximum Eligible Amount:	$35,000

Expected Impact

Select one or more of the following uses of FY 2016 PCMH supplemental funding and note the number of sites projected to be impacted (minimum 1):	Number of Sites
To achieve PCMH recognition for one or more sites in scope that are not currently PCMH recognized	
To increase the level of PCMH recognition and/or further optimize the use of the PCMH model for one or more sites in scope that are currently PCMH recognized	

PCMH Core Functions and Attributes

Select one or more of the following PCMH Core Functions and Attributes that will be enhanced with this supplemental funding (minimum 1):	Select All that Apply
Comprehensive Care	
Patient-Centered	
Coordinated Care	
Accessible Services	
Quality and Safety	

Project Narrative

1. Describe the planned activities and how they will achieve the proposed outcome(s) noted above in the Expected Impact section.

Rich Text box. 1,500 characters. Required Field.

2. Describe a realistic timeline that details the implementation steps for the activities outlined in response to Question 1 above. The timeline must show that all FY 2016 PCMH supplemental funds will be expended within 12 months of award.

Rich Text box. 1,500 characters. Required Field.